Only

STATEMENT OF

PAGE 1 / 52 =

FEC FORM 1			ANIZ					Offic	ce Use C)nly		
1. NAME OF COMMITTEE (ir	n full)	(Check is chan	if name ged)	Example: over the	If typing, type lines.	12	FE4M	5				
NRSC											1 1	
<u> </u>												
ADDRESS (number a	nd street)	425 2ND STREE	ET NE			1 1 1		1 1		1 1	1 1	₁ [
(Check if a	•											
is changed	d)	, WASHINGTON				, D	2 .	2000	2			
		CITY ▲				517	ATE A		Ζ	IP CC	IDE A	
COMMITTEE'S E-MA	AIL ADDRE	ESS										
(Check if a is changed		kbroghamer	@nrsc.org							1 1	1 1	, [
is changed	<i>(</i> 1	Optional Secon	d F-Mail Add	drace								
COMMITTEE'S WEB (Check if a is changed)	address	www.nrsc.org										
2. DATE 1		3 2020	Y									
3. FEC IDENTIFIC	CATION N	UMBER ▶	C co	00027466								
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED (A	A)						
I certify that I have e	examined t	his Statement and	to the best	of my knowl	edge and beli	ief it is true	e, correc	and o	complet	₽.		
Type or Print Name	of Treasure	DAVIS, KEITH,	, ,									
Signature of Treasure	er <i>DAV</i>	IS, KEITH, , ,		[Elec	tronically Filed	<i>l</i> Date	M 1	0 /	03	/ Y	2020	
NOTE: Submission of	false, erron	eous, or incomplete							enalties	of 2 L	J.S.C. §	}437g.
Office Use				Fede	urther informati ral Election Com ree 800-424-953	mission		F	FEC F			

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	(Dama ayatia
(d)	This committee is a NAT (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	FF0 F 4 /2		Daw 2
۱۸/	FEC Form 1 (Revised (Page 3
<u> </u>	NRSC		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Y(DUNG VICTORY CO	DMMITTEE	
	Mailing Address	PO BOX 3743	
		CARMEL IN 46082	-
		CITY STATE ZII	P CODE
	Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Leade	ership PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE ZIF	CODE
		Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name DAVIS, KE	:ITH, , ,	.
	Mailing Address	425 2ND STREET NE	
	maining Addices		
		WASHINGTON	
			CODE
	Title or Position TREASURER		P CODE
		Telephone number	

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent BROGHA	MER, KRISTI, , ,		
Mailing Address	425 2ND STREET NE		
	WASHINGTON CITY	DC 20002 STATE	ZIP CODE
Title or Position ASSISTANT TREASURER		elephone number 202 - [675 - 6000
safety deposit boxes or main Name of Bank, Depository,	etc.	n the committee deposits funds, ho	olds accounts, rents
BANK	OF NEVADA		
Mailing Address	8505 CENTENNIAL PKWY		
	LAS VEGAS	NV 89148	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
BB&T Mailing Address	1909 K STREET NW		
	WASHINGTON	DC 20006	; ;
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisin	n Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 3743		
	CARMEL		46082
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Spons
Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	1	phone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds. BRIDGE BANK	e committee deposit	s funds, holds accounts, rents
Mailing Address	1445 LAUGHLIN AVENUE		
Mailing Address	1445 LAUGHLIN AVENUE MCLEAN	VA VA	22101

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	, , VA	22314
Bullette salete		STATE A	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Spo
Connecte			ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee	t Fundraising Representa	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or mailing and mailin	Affiliated Committee Affiliated Committee Figure 1	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee Affiliated Committee Type Join and Committee CITY A CITY A Pries: List all banks or other depositories in which paintains funds. E BANK	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

2		
ALEXANDRIA Relationship: Connected Organization, Affiliated Committee, Joint Fundraisi SULLIVAN VICTORY 2020 Mailing Address 901 N WASHINGTON ST, SUITE 700 Affiliated Committee Connected Organization Affiliated Committee Joint Fundraisi Affiliated Committee If Joint Fundraisi CITY ▲ CITY ▲ Telep CITY A Tele	FEC ID number	С
Alame of Any Connected Organization, Affiliated Committee, Joint Fundraisis SULLIVAN VICTORY 2020 Mailing Address 901 N WASHINGTON ST, SUITE 700 Alexandria Affiliated Committee Joint Fundraisis Affiliated Committee Joint Fundraisis Relationship: CITY A Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A Telep Tanks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. Ilame of Bank, FRANKLIN SYNERGY BANK Pepository, etc. Mailing Address	FEC ID number	C
ALEXANDRIA Relationship: Connected Organization, Affiliated Committee, Joint Fundraisis SULLIVAN VICTORY 2020 Mailing Address 901 N WASHINGTON ST, SUITE 700 ALEXANDRIA Relationship: Connected Organization Affiliated Committee Joint Fundraisis Affiliated Committee Title Organization CITY ▲ CITY ▲ Telep Title OR POSITION ▼ CITY ▲ Telep Telep Telep Tanks or Other Depositories: List all banks or other depositories in which the aftery deposit boxes or maintains funds. Title OR POSITION ▼ Telep Title OR POSITION ▼ Telep	FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraisis SULLIVAN VICTORY 2020 Mailing Address 901 N WASHINGTON ST, SUITE 700 ALEXANDRIA Relationship: CITY ▲ Connected Organization Affiliated Committee ▼ Joint Fundraisis Grant State St	FEC ID number	C
SULLIVAN VICTORY 2020 Mailing Address 901 N WASHINGTON ST, SUITE 700 ALEXANDRIA Relationship: Connected Organization Affiliated Committee Joint Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ Telep Telep Telep Tanks or Other Depositories: List all banks or other depositories in which the lafety deposit boxes or maintains funds. Jame of Bank, FRANKLIN SYNERGY BANK Jame of Bank, FRANKLIN SYNERGY BANK Jame of Bank, PRANKLIN SYNERGY BANK		
Mailing Address 901 N WASHINGTON ST, SUITE 700 ALEXANDRIA Relationship: Connected Organization Affiliated Committee Joint Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ Telep CITY ▲ Telep Stanks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. Jame of Bank, FRANKLIN SYNERGY BANK Jame of Bank, FRANKLIN SYNERGY BANK Mailing Address Take Position ST, SUITE 700 Affiliated Committee Tolor Telep Stanks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. Jame of Bank, FRANKLIN SYNERGY BANK Mailing Address Take Position ST, Suite 700 Affiliated Committee Affiliated Co	sing Representative	, or Leadership PAC Spons
ALEXANDRIA ALEXANDRIA Connected Organization Affiliated Committee Affiliated Committ		
ALEXANDRIA ALEXANDRIA Connected Organization Affiliated Committee Joint Full Affiliated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION Telep anks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 134 PEWITT DR #100 Mailing Address		
ALEXANDRIA ALEXANDRIA Connected Organization Affiliated Committee Affiliated Committ		
Relationship: Connected Organization Affiliated Committee Joint Full Name Mailing Address TITLE OR POSITION Telep Canks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. FRANKLIN SYNERGY BANK Pepository, etc. Mailing Address		<u> </u>
Relationship: Connected Organization Affiliated Committee Joint Full Name Mailing Address TITLE OR POSITION CITY Telep Tanks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. FRANKLIN SYNERGY BANK Prepository, etc. Mailing Address		
Connected Organization	l VA	22314
Connected Organization	STATE A	ZIP CODE A
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION Telep anks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 134 PEWITT DR #100		
TITLE OR POSITION ▼ CITY ▲ Telep anks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 134 PEWITT DR #100		
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anks or Other Depositories: List all banks or other depositories in which the afety deposit boxes or maintains funds. ame of Bank, FRANKLIN SYNERGY BANK epository, etc. Mailing Address 134 PEWITT DR #100	STATE ▲	ZIP CODE ▲
afety deposit boxes or maintains funds. ame of Bank, FRANKLIN SYNERGY BANK epository, etc. Mailing Address 134 PEWITT DR #100	ohone Number	
lame of Bank, FRANKLIN SYNERGY BANK pepository, etc. 134 PEWITT DR #100		
ame of Bank, FRANKLIN SYNERGY BANK sepository, etc. Mailing Address 134 PEWITT DR #100	e committee deposits	s funds, holds accounts, rent
Pepository, etc. 134 PEWITT DR #100		
Mailing Address		
BRENTWOOD		
DICENTWOOD		37027
CITY A	1 I I I	31021

FEC Form 1S (Revised 02/2017)

	g Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA L	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spon
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Full Name _ _ _ Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
		STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical stress of the position of Bank, FRANK	ries: List all banks or other depositories in whic	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in whicintains funds.	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical stress of the position of Bank, FRANK	ries: List all banks or other depositories in whice intains funds. KLIN SYNERGY BANK	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in whice intains funds. KLIN SYNERGY BANK 134 PEWITT DR	Telephone Number	

FEC Form 1S (Revised 02/2017)

Page _9 **of** 52_

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
	RITY COMMITTEE		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Spons
Full Name	by name, address (phone number – optional		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
LILLE ON FOSITION		Telephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in what intains funds. INGTON BANK 102 MAIN STREET	ich the committee deposit	ts funds, holds accounts, rents
	WADSWORTH	ОН	44281

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.						
3.			<u> </u>	FEC	D number	C
3.				FEC	D number	С
				FEC	D number	C
				FEC	D number	C
Name of Any C	Connected O	rganization, A	Affiliated Committee, Join	t Fundraising Re	presentativ	e, or Leadership PAC Spons
SULLIVAI	N FOR TH	HE MAJOR	RITY			
Mailing Ad	ddress	228 S WASHI	INGTON STREET SUITE 11	5		
		I			1 1 1 1	
		ALEXANDRIA	4		VA I	22314
Relationsh	hip:		CITY A		STATE A	ZIP CODE ▲
	Connected (Affiliated Committee	X Joint Fundraisir		
Full Name Mailing Add	Irono	<u> </u>				
Mailing Add	iress					
TITLE OR	POSITION T	•	CITY ▲		STATE ▲	ZIP CODE ▲
				Telephone I	1	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
MCSALLY VICTO	PRY COMMITTE		
1			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE A
	0111 2	OIAIL	211 OODL 2
	d Organization	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing and some some same of Bank, SUNT	y by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir				
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
4.				
Name of Any Connected	Organization, Affiliated (Committee, Joint Fund	Iraising Representativ	ve, or Leadership PAC Spons
THUNE VICTOR	Y COMMITTEE			
Mailing Address	PO BOX 9891			
	ARLINGTON		, VA ,	22219
Dolotionobine		OITY (
			STATE ▲ nt Fundraising Represen	
Connecte	d Organization Affiliate	ed Committee X Join		
Connecte Pesignated Agent: Identif	d Organization Affiliate	ed Committee X Join		
Connecte Designated Agent: Identif	d Organization Affiliate	ed Committee X Join		
Connecte Pesignated Agent: Identif	d Organization Affiliate	ed Committee X Join		
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliate y by name, address (phon	ed Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliate y by name, address (phon	ed Committee	nt Fundraising Represen	Leadership PAC Spo

FEC Form 1S (Revised 02/2017)

r(h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponso
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	Leadership PAC Spo
Designated Agent: Identify	Organization Affiliated Committee Joint Fo	undraising Representa	Leadership PAC Spo
Designated Agent: Identify Full Name		undraising Representa	Leadership PAC Spo
Designated Agent: Identify		undraising Representa	Leadership PAC Spo
Designated Agent: Identify Full Name		undraising Representa	Leadership PAC Spo
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	undraising Representa	Leadership PAC Spo
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the ntains funds. BANK	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the nations funds. BANK 1330 SUMMIT AVE	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising	g Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
CORNYN MAJOR	ITY TEXAS		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	CITY CITY ies: List all banks or other depositories in which	STATE ▲ elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring fety deposit boxes or main arme of Bank, pository, etc.	CITY CITY ies: List all banks or other depositories in which intains funds.	STATE ▲ elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositorifety deposit boxes or mail	CITY CITY ies: List all banks or other depositories in which intains funds. SFARGO	STATE ▲ elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring the deposit boxes or main the depository, etc. WELLS the depository, etc.	ies: List all banks or other depositories in which intains funds. FARGO 1753 PINNACLE DRIVE	STATE ▲ elephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ig i ditiolpant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
•	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
GRAHAM MAJOF	RIIY FUND		
Mailing Address	228 S. WASHINGTON ST.		
Maining Address	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds. OF AMERICA	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds. OF AMERICA	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 80505		
	BATON ROUGE	LA LA	70898
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
1			
Full Name	1		
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION		Telephone Number	
Mailing Address TITLE OR POSITION	pries: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or management of Bank,	pries: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	pries: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	pries: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	pries: List all banks or other depositories in w	Telephone Number	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r		FEC ID number	C
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
MM SENATE VIC			
<u> </u>			
	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	<u> </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected TILLIS-NRSC CC	l Organization, Affiliated Committee, Joint Fund DMMITTEE	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA L	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A elephone Number	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi i	g . a. a. a. pa	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
DAINES VICTOR	RY 2020		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC S
Connecte		nt Fundraising Represent	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	Affiliated Committee		
Connecte esignated Agent: Identif	Affiliated Committee Affiliated Committee Join Ty by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Affiliated Committee Figure 1. Join 1.		
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	С
3.			
3.		FEC ID number	С
		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e. or Leadership PAC Spons
COTTON VICTOR			· ·
Mailing Address	901 N WASHINGTON STREET		
Wishing 7	SUITE 700		
	ALEXANDRIA	, VA	22314
	ALEXANDRIA		
	CITY d Organization Affiliated Committee X Joint I y by name, address (phone number – optional)	STATE ▲ Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected	d Organization Affiliated Committee		
Connected esignated Agent: Identify	d Organization Affiliated Committee		
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee		
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee		
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee		Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Affiliated Committee	Fundraising Representa	Leadership PAC Sp

FEC Form 1S (Revised 02/2017)

1.		FEC II	number	C
2.		FEC II	number	С
3.		FEC II	number	C
4.		FEC II	number	С
•	Organization, Affiliated Committee, Jo	int Fundraising Rep	oresentative	e, or Leadership PAC Spon
TEAM COLLINS	2020			
	OOA NI WA CHINIOTONI CT. CTE 700			
Mailing Address	901 N WASHINGTON ST, STE 700			
			VA	22314
	ALEXANDRIA			
	CITY ▲ d Organization	✗ Joint Fundraising	STATE ▲ g Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected	CITY A			
Connected esignated Agent: Identify	CITY ▲ d Organization			
esignated Agent: Identify	CITY ▲ d Organization			
esignated Agent: Identify	CITY d Organization Affiliated Committee by by name, address (phone number – op			Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	CITY A d Organization Affiliated Committee	otional)	g Representa	Leadership PAC Sp
esignated Agent: Identify	CITY A d Organization Affiliated Committee	otional)	g Representa	Leadership PAC Sp

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Spon
	LEAGUES VICTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	ALEXANDRIA	L VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or maintains.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GARDNER TILLI	S VICTORY		
	₁ 228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		Leadership PAC Sp
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in which	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, and the proposition of Bank, appository, etc.	CITY A cries: List all banks or other depositories in which	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, and the proposition of Bank, appository, etc.	CITY A cries: List all banks or other depositories in which	Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

h). Joint Fundraisi i			FEC	ID number	C
2.			FEC	ID number	C
3.			FEC	ID number	С
4.			FEC	ID number	С
ame of Any Connected	Organization, Affili	ated Committee, Joir	nt Fundraising R	epresentativ	e, or Leadership PAC Spon
TILLIS DAINES N	MAJORITY COI	MMITTEE			
Mailing Address	PO BOX 97275				
	RALEIGH			NC L	27624
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC S
				ing Represent	ative Leadership PAC S
Connecte esignated Agent: Identif				ing Represent	Leadership PAC S
esignated Agent: Identif				ing Represent	Leadership PAC S
esignated Agent: Identif				ing Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address		ional)	ing Represent	Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number – opt	ional)	ing Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address	(phone number – opt	ional)	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – opt	ional) Telephone	STATE A Number	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION AREA OF Other Depositor Afety deposit boxes or mailing and ma	y by name, address	(phone number – opt	ional) Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – opt	ional) Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address	(phone number – opt	ional) Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address	(phone number – opt	ional) Telephone	STATE A Number	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6,

h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
CO-PILOT COMN	<i>N</i> ITTEE		
Mailing Address	PO BOX 2969		
	FARMINGTON HILLS	MI	48333
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Spon
FRIENDS OF MI	FT JOINT FUNDRAISING COMMITTI	EE 	
Mailing Address	C/O RED CURVE SOLUTIONS		
Maining Addition	138 CONANT STREET, SECOND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spanish
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the control of th	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the control of th	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
TIM SCOTT'S AN	MERICAN OPPORTUNITY		
Mailing Address	1405 ASHLEY RIVER ROAD		
	CHARLESTON	sc	29407
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		er C
1.		FEC ID numb	
2.		FEC ID numb	
3.		FEC ID numb	er C
4.		FEC ID numb	er C
	l Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spon
GREAT ARIZON	A FUND		
Mailing Address	PO BOX 341027		
	AUSTIN	TX.	78734
Relationship:	CITY A	STATE	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC S
	ed Organization Affiliated Committee fy by name, address (phone number – option		sentative Leadership PAC S
			sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi		al)	sentative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – option	al)	
esignated Agent: Identi	fy by name, address (phone number – option	al)	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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ame of Any Connected		ated Committee,	Joint Fundra	ising Represent	ative, or L	-eadership PAC Spor
GREAT IOWA FU	ND 					
Mailing Address	PO BOX 341027					
	AUSTIN			TX		78734
Relationship:		CITY ▲		STATE		ZIP CODE ▲
	Organization A	Affiliated Committee	✗ Joint F	Fundraising Repres	sentative	Leadership PAC S
Connected esignated Agent: Identify		Affiliated Committee		Fundraising Repres	sentative	Leadership PAC S
Connected esignated Agent: Identify Full Name		Affiliated Committee		Fundraising Repres	sentative	Leadership PAC S
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Connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee (phone number –	optional)	STATE :		ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
BLUNT VICTORY	COMMITTEE		
Mailing Address	228 S. WASHINGTON ST		
Mailing Address	SUITE 115		
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		OTALL	ZII OODL A
	Organization Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
2020 SENATE B	ATTLEGROUND COMMITTEE		
<u> </u>			
	004 0 MILLED OF AVE OFF 404		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	ED STATE VICTORY		
Mailing Address	PO BOX 60148		
	WASHINGTON	l DC	20039
Relationship:	CITY A	STATE ▲	ZIP CODE A
i totationionip:	OIII A	SIAIL	211 GODE 2
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraisir	g Participant:					
1.			FEC ID n	umber	C	
2			FEC ID n	umber	С	
3.			FEC ID r	umber	С	
4.			FEC ID n	umber	С	
=	Organization, Affiliated Cor		ndraising Repre	sentative	e, or Leadership PAC	Spon
ROBERTS DAINI	S VICTORY COMM	ITTEE				
Mailing Address	610 S. BOULEVARD					
	TAMPA			FL L	33606	
Relationship:	CIT	ΓΥ 🛦	S	STATE A	ZIP CODE	=
			oint Fundraising F	epresenta	ative Leadership P	AC S
esignated Agent: Identif	Dorganization Affiliated by name, address (phone r			epresenta	ative Leadership P	AC S
esignated Agent: Identif	_			depresenta	ative Leadership P	AC S
esignated Agent: Identif	_			epresenta	ative Leadership P	AC S
esignated Agent: Identif	_	number – optional)		epresenta	Leadership P	
esignated Agent: Identif	by name, address (phone r	number – optional)				
esignated Agent: Identify Full Name Mailing Address	by name, address (phone r	number – optional)		ATE A		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone r	number – optional)	ST. Telephone Num	ATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, address (phone r	number – optional)	ST. Telephone Num	ATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	by name, address (phone r	number – optional)	ST. Telephone Num	ATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, address (phone r	number – optional)	ST. Telephone Num	ATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	by name, address (phone r	number – optional)	ST. Telephone Num	ATE A	ZIP CODE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page $\frac{35}{}$ of $\frac{52}{}$

(h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lama of Any Connector	A Committee Affiliated Committee Laint Friedrich	raining Danyanantativ	a ay Laadayahin DAC Chan
NORTH TO THE	d Organization, Affiliated Committee, Joint Fundr FUTURE	aising nepresentative	e, or Leadership FAC Spons
Mailing Address	PO BOX 2814		
	SEWARD	, , , AK	99664
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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TITLE OR POSITION			elephone Number	
TITLE OR POSITION	•			
	-	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address ((phone number – optional)		
Connected	Organization A	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spon
Relationship:		CITY 🛦	STATE A	ZIP CODE ▲
	ALEXANDRIA		, , VA ,	22314
Mailing Address	228 S WASHINGT	ON STREET #115		
Name of Any Connected NRSC/NRCC VIC			raising Representative	e, or Leadership PAC Sponso
4.			PEC ID Humbel	<u> </u>
3.			FEC ID number	C
2.			FEC ID number	C
1			FEC ID number	C

FEC Form 1S (Revised 02/2017)

Page $\frac{37}{}$ of $\frac{52}{}$

h). Joint Fundraising	Participant:	_		0
1.			FEC ID numbe	
2.			FEC ID numbe	r C
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ame of Any Connected (Organization, Affiliated C	Committee, Joint Fur	ndraising Representa	tive, or Leadership PAC Spor
SENATE GEORGI	A BATTLEGROUN	ND FUND		
Mailing Address	PO BOX 60148			
	WASHINGTON		DC	
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
Connected	Organization Affiliate	d Committee	oint Fundraising Represo	entative Leadership PAC S
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esignated Agent: Identify			oint Fundraising Represe	Leadership PAC S
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esignated Agent: Identify Full Name	by name, address (phone	e number – optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone of the control of the contr	e number – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone of the control of the contr	e number – optional)	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone of the control of the contr	e number – optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page $\frac{38}{}$ of $\frac{52}{}$

h). Joint Fundraisi	•		
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ame of Any Connected TEAM LOEFFLE	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
TEAW EOLITEE			
Mailing Address	824 S MILLEDGE AVE STE 101		
Maining / Idanoss			
	ATHENS	, GA	30605
Deletionship			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

	ng Participant:		
h). Joint Fundraisi r		FEC ID number	C
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ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
CORNYN LOEFF	ELER VICTORY		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connocto	d Organization Affiliated Committee X Join	4 Consideration Decreases	
Connecte	d Organization Anniated Committee P 30iii	t Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising			1	FEC ID num	nber C	:
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4.				FEC ID num	nber C	
ame of Any Connected (Organization, Affilia	ated Committee,	Joint Fundra	nising Represer	ntative, o	r Leadership PAC Spor
NRSC VICTORY						
Mailing Address	PO BOX 60148					
	WASHINGTON		1 1 1 1		C	20039
Relationship:		CITY ▲		STA	 ΓΕ ▲	ZIP CODE ▲
	Organization A	Affiliated Committe	e X Joint	Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify		Affiliated Committe		Fundraising Rep	resentative	Leadership PAC S
Connected esignated Agent: Identify Full Name		Affiliated Committe		Fundraising Repr	resentative	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir	1	FEC ID number	C
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ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
PROTECTING THE	HE MAJORITY		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		<u> </u>
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	g raitioipant.		
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ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
HAWLEY VICTOR	RY COMMITTEE		
	228 S. WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization	t Fundraising Representa	ative Leadership PAC Sp
Connected		t Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected WICKER VICTO	I Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
WICKLIX VICTOR			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
Walling / Idahooo			
	ALEXANDRIA	, VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE A
riolationionip.		SIAIL	ZII OODL A
	Affiliated Committee Affiliated Committee y Join fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	state A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

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h). Joint Fundraisi	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
MCCONNELL VI	CTORY COMMITTEE		
	200 C WASHINGTON ST		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
CORNYN SULLIV	VAN 2020		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	, , VA	22314
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Sp
	Affiliated Committee Joint J	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig Farticipant.		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected LEWIS FREEDO	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spon
LEWIS FREEDO			
Mailing Address	C/O RED CURVE SOLUTIONS		
Mailing Address	138 CONANT STREET - 2ND FLOOR		
	BEVERLY		01915
Relationship:			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee Join Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
Connecte		nt Fundraising Represent	ative Leadership PAC S
Connecte		nt Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional)	nt Fundraising Represent	
Connecte esignated Agent: Identif	by by name, address (phone number – optional) CITY		
Connected Agent: Identification of the control of t	by by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identification of the connected agent and a series of the connected and a series of the connected agent and a series of the connected agent and a series of the connected agent agent and a series of the connected agent agent agent agent and a series of the connected agent	by by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	by by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	by by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
connected esignated Agent: Identification of the position of t	by by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected esignated Agent: Identification of the position of t	by by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisin	9		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TILLIS-NRSC CO			
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or malame of Bank, epository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spor
GARDNER VICT	ORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC S
coignatea Agent. Identi	fy by name, address (phone number - optional)		
Full Name	ty by name, address (phone number — optional)		
	ty by name, address (phone number — optional)		
Full Name	ty by name, address (phone number — optional)		
Full Name			
Full Name	CITY		ZIP CODE A
Full Name Mailing Address	CITY		
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or mainly and the deposite boxes or main	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank,	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank,	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
		rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
SA	AVE THE SENAT	E 2020		
				1 1 1 1 1 1 1 1 1 1
		228 S. WASHINGTON STREET		1
	Mailing Address	SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
8. Desig	nated Agent: Identify I	by name, address (phone number – optional)		
	nated Agent: Identify I	by name, address (phone number – optional)		
Fu		oy name, address (phone number – optional)		
Fu	ull Name	oy name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu	ull Name	CITY	STATE A	ZIP CODE A
Fu	ull Name	CITY A	STATE A	
9. Banks safety Name	ull Name	CITY Tele	phone Number	ZIP CODE 🛦
9. Banks safety Name	alling Address FITLE OR POSITION s or Other Depositorie deposit boxes or main of Bank, sitory, etc.	CITY Tele	phone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin ç	g Participant:			
	1.] FEC	ID number	C
	2		J FEC	ID number	C
	3		J FEC	ID number	C
	4		FEC	ID number	C
6.	Name of Any Connected of STAY RED 2020	Organization, Affiliated Committee, Joint Fu	ndraising Re	epresentative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST STE 115			
		ALEXANDRIA		VA	22314
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X J	oint Fundraisi	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional))		
	Mailing Address	1			
				1 1 1 1	
					1
	TITLE OR POSITION	U CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in wh ntains funds.	ich the comm	nittee deposit	s funds, holds accounts, rents
	Mailing Address				
ı		CITY A		STATE ▲	ZIP CODE ▲

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Banks or Other Deposito safety deposit boxes or management Name of Bank, Depository, etc. Mailing Address					
Name of Bank, Depository, etc.					
Name of Bank, Depository, etc.					
safety deposit boxes or ma					
		or other depositories in w	nich the committe	e deposits f	unds, holds accounts, rents
	alaa daa ah ah ah	an alban da cas	detale die een een		anda haldi assa s
			Telephone Nun	nber	
TITLE OR POSITION	▼	CITY A	ST	ATE A	ZIP CODE ▲
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, address	(phone number – option	al)		
Connected	d Organization	Affiliated Committee	Joint Fundraising F	Representativ	e Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
	HOUSTON		1	TX	77008
	#213				
Mailing Address	1305 W 11TH ST	- -			
SENATE FIREWA	=	iated Committee, Joint F	Fundraising Repre	esentative, o	or Leadership PAC Sponso
4.			FEC ID r	number (
			FEC ID		
3.			FEC ID r		
2.			_	number C	

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Page $\underline{^{52}}$ of $\underline{^{52}}$

n). Joint Fundraising					
1.			_	C ID number	C
2.			FE	C ID number	С
3			FE	C ID number	С
4.			FE	C ID number	С
		Committee, Joint	Fundraising	Representativ	e, or Leadership PAC Spo
COLLINS MAINE	/ICTORY				
Mailing Address	901 N WASHINGTON S	ST, STE 700			
	ALEXANDRIA			VA	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
		ed Committee	Joint Fundra	aising Represent	tative Leadership PAC
	Organization Affiliat			aising Represent	tative Leadership PAC
Connected	Organization Affiliat			aising Represent	Leadership PAC
Connected esignated Agent: Identify	Organization Affiliat			aising Represent	Leadership PAC
Connected esignated Agent: Identify Full Name	Organization Affiliat			aising Represent	Leadership PAC
Connected esignated Agent: Identify Full Name	Organization Affiliat	ne number – option	al)		Leadership PAC
Connected esignated Agent: Identify Full Name	Organization Affiliate by name, address (phore	ne number – option	al)		
connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliate by name, address (phore	ne number – option	al)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliate by name, address (phore	ne number – option	al) Telephon	STATE A	
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliate by name, address (phore	ne number – option	al) Telephon	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliate by name, address (phore	ne number – option	al) Telephon	STATE A	ZIP CODE A